

SCC eFile
(6/10)

**2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

211526303

1.) CORPORATION NAME:

Levi Strauss & Co.

DUE DATE: **12/31/2011**

SCC ID NO: **F0235251**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	270,000,000
PREF	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O CORPORATE SECRETARY
1155 BATTERY ST

CITY/ST/ZIP: SAN FRANCISCO, CA 94111-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: NENITA T DUDLEY
TITLE: SECRETARY
ADDRESS: 1155 BATTERY ST
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

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OFFICER

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DIRECTOR

NAME: BLAKE JORGENSEN
TITLE: CFO
ADDRESS: 1155 BATTERY ST.
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

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OFFICER

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DIRECTOR

NAME: FERNANDO AGUIRRE
TITLE: DIRECTOR
ADDRESS: 1155 BATTERY ST.
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

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OFFICER

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DIRECTOR

NAME: ROBERT ECKERT
TITLE: DIRECTOR
ADDRESS: 1155 BATTERY ST.
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

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OFFICER

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DIRECTOR

NAME: ROBERT HAAS
TITLE: DIRECTOR
ADDRESS: 1155 BATTERY ST.
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

NAME:	PETER HAAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1155 BATTERY ST.		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111-		
NAME:	LEON J LEVEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1155 BATTERY ST.		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111-		
NAME:	SETPHEN C NEAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1155 BATTERY ST.		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111-		
NAME:	PATRICIA PINEDA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1155 BATTERY ST.		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111-		
NAME:	CHARLES BERGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1155 BATTERY STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111-		
NAME:	LAWRENCE W RUFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1155 BATTERY STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111-		
NAME:	CATHY UNRUH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1155 BATTERY STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111-		
NAME:	AARON BOEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1155 BATTERY STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111-		
NAME:	ROBERT L HANSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1155 BATTERY STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111-		
NAME:	ANNE ROHOSY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1155 BATTERY STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VANESSA CASTAGNA DIRECTOR 1155 BATTERY STREET SAN FRANCISCO, CA 94111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRINE BESNARD CORBLET ASST SECRETARY 1155 BATTERY STREET SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER CHALOEMTIARANA ASST SECRETARY 1155 BATTERY STREET SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIA COLAYCO ASST SECRETARY 1155 BATTERY STREET SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARIEL LEWKOWICZ ASST SECRETARY 1155 BATTERY STREET SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS M ONDA ASST SECRETARY 1155 BATTERY STREET SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ NENITA T DUDLEY		NENITA T DUDLEY, SECRETARY	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			